

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | J. G.    |        | 9/14/00  |
| O.I.P.E. CLASSIFIER       |          | 10     | 9-18-00  |
| FORMALITY REVIEW          | L. Red   | SCRSI  | 12-19-00 |
| RESPONSE FORMALITY REVIEW |          |        |          |

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 1        | ✓    |
| 2        | ✓    |
| 3        | ✓    |
| 4        | ✓    |
| 5        | ✓    |
| 6        | ✓    |
| 7        | ✓    |
| 8        | ✓    |
| 9        | ✓    |
| 10       | ✓    |
| 11       | ✓    |
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| Claim    | Date |
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| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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